

ARIZONA STATE DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. 121

Place of Birth Payson Hila County No. _____ St. _____

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
<u>girl</u>					

DATE OF BIRTH* Feb. 13 1924

(Month) (Day) (Year)

FULL NAME <u>Fredrick Edward Gordon</u>	FATHER
FULL MAIDEN NAME <u>Josephine Betty Franklin</u>	MOTHER

I HEREBY CERTIFY that the child described herein has been named

Margie Mae Gordon (Child's name in full) Gordon (Surname)

Josephine Gordon (Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 11-41 A.P.

475-213-165